



2015 Ohio Region Meeting Registration

April 30 - May 2, 2015 • Cleveland, OH

Name: _____ Name for Badge: _____
First Middle Last

Member ID # _____ Rank: _____ Title(s)/Role(s): _____

Mailing Address: Home Work Company/University: _____
Street: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____ Cell: _____ Email: _____

IMPORTANT: Check here if any of the above information is new. Tenured Tenure Track Non-Tenure Track
Are you a new Department Chair?

A. Meeting Registration

Registration Includes: Name badge, List of Registrants, Proceedings, Thursday and Friday Receptions, Friday and Saturday Continental Breakfast and Friday Lunch.

AAA Member, before March 30, 2015 \$200
Late Registration after March 30, 2015 \$225

AAA Non-Member, before March 30, 2015 \$300
Late Registration after March 30, 2015 \$325

Two Year College Faculty \$100
Non-Tenure Track Faculty \$100
Student \$80

Optional Tour
Meeting registration required, eligible for CPE credit
Thursday, April 30, 2015 • 2:30 pm–4:30 pm \$50
Parker Hannifin Plant Tour and Presentation

Total Panel A \$ _____

Special Meal Request: Vegetarian Vegan Gluten-Free

B. Demographic Information

What is your current primary position:

- Practitioner
- Full Professor
- Associate Professor
- Assistant Professor
- Professor of Practice
- Instructor
- Lecturer
- Clinical Professor
- Doctoral Student
- Master's Student
- Undergraduate Student
- Other: _____

If you are affiliated with a college or university, please indicate the types of accounting programs your school offers (check all that applies)

- Associate Degree
- Bachelor's Degree
- Master's Degree
- Ph.D.

C. Guest Tickets (optional for non-meeting attendees only)

Paid meeting attendees are welcome to bring a guest to the following social/meal functions for an additional fee.

Friday Lunch, May 1, 2015 \$35
Friday Reception, May 1, 2015 \$35
Saturday Continental Breakfast, May 2, 2015 \$30

Total Panel C \$ _____

Guest Name

First Name

Last Name

Special Meal Request:
Vegetarian Vegan Gluten-Free

Payment

A. Meeting Registration \$ _____
C. Guest Ticket(s) \$ _____
TOTAL \$ _____

Cancellation Policy

All cancellations must be received in writing at AAA in order to be processed (email info@aaahq.org). Cancellation requests received after March 30, 2015 will incur a \$35 cancellation fee. No refunds will be given for cancellations received after April 20, 2015 or for no-shows.

Consent to Use of Photographic Images

Registration and attendance at, or participation in, an AAA sponsored event constitutes an agreement by the registrant to AAA's use and distribution of the registrant or attendee's image or voice in marketing and promotional pieces, written publications, videos and the association's website for an indefinite period of time.

Americans with Disabilities Act

It is the intention of the American Accounting Association to comply fully with the Americans with Disabilities Act (ADA). Members planning to attend this meeting who have special needs, as covered by the ADA, are requested to notify Peggy Turczyn at peggy@aaahq.org or (941) 921-7747 to facilitate identification and accommodation of these needs by the Association.

Check (payable to: American Accounting Association)

AMEX MasterCard VISA

Card Number _____

Exp. Date _____ CVV Code (on back of card): _____

Name on card: _____

Billing Address: Same as mailing address above

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Signature _____